PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE RATE BASIC FEE FEF (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X \$ = OR X S MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ENT ADDI-AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total ENDM Minus (37 CFR 1.18(c)) OR Independent (37 CFR 1.16(6)) Minus OR 2 X = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST Ω REMAINING NUMBER PRESENT RATE ADDI-RATE ENT ADDI-**AFTER PREVIOUSLY EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE FEE ENDME Total Minus (37 CFR 1.16(c)) OR X \$ Independent (37 CFR 1.16(b)) Minus X \$ ₹ OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER **PRESENT** RATE ADDI-RATE ENT ADDI-AFTER **PREVIOUSLY EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE FEE Total (37 CFR 1.16(c)) ENDM Minus X S X \$ OR Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

principal design of the second	Application or Docket Number
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001	10068587
CLAIMS AS FILED - PART I (Column !) (Column 2)	SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY
TOTAL CLAIMS	RATE FEE RATE FEE
FOR NUMBER FILED NUMBER EXTRA	BASIC FEE 370 00 OR BASIC FEE 740.00
TOTAL CHARGEABLE CLAIMS 57 minus 20= 37	XS 9= 27 9 OR XS18=
INDEPENDENT CLAIMS :5 minus 3 = 2,	X42= .5 4 OR X84=
MULTIPLE DEPENDENT CLAIM PRESENT	+140= OR +280=
* If the difference in column 1 is less than zero, enter "0" in column 2	TOTAL 753 OR TOTAL
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)	OTHER THAN SMALL ENTITY OR SMALL ENTITY
Total SU Minus SO SU Minus SO SU MINUS SO SU	RATE TIONAL RATE TIONAL FEE
Total . 52 Minus - 51 - 1	X\$ 9= 9 OR X\$18=
Independent • 6 Minus ••• 5 • /	X42- 1/11 OR X84-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+140= OB +280=
. 1 1	TOTAL C 2 OP TOTAL
1/3/105 (Column 1) (Column 2) (Column 3)	ADDIT FEE
CLAIMS REMAINING AFTER AMEMOMENT  Total  Tot	RATE TIONAL RATE TIONAL FEE
Total • 51 Minus • 52 • 6	X\$ 9= OR X\$18=
Independent 7 Minus 5 " 2	X425 (10) OR X84-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	±140± OR +280≘
1 / ~	ADDIT FEE LOCAL OR ADDIT FEE
+(25/05 (Column 1) (Column 2) (Column 3)	
CLAIMS HIGHEST PRESENT PRESENT PRESENT PRESENT PRESENT PREVIOUSLY PAID FCR  Total . 5 Minus 5 2 - 1  Independent . 3 Minus 5 2 - 1	RATE TIONAL RATE TIONAL FEE
Total . 51 Minus - 52 - 9	XS 9= OR XS18=
Independent   Minus	X42= \ OR X84=
PIRST PRESENTATION OF WOLFT-CE DEPENDENT COMM	+140= \ OR +280=
If the entry in column 1 is less than the entry in column 2 wide '0' in column 3 mill the Highest Number Previously Paid For 'th THIS SPACE is less than 26, enter '20' mill the Highest Number Previously Paid For 'IN THIS SPACE is less than 3, enter '3' The Highest Number Previously Paid For (Total or Independent is the highest number for	ADDIT FEE TOTAL ADDIT FEE ADDIT FEE ADDIT FEE
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